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Published Abstract

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## Abstract

### **“You’d do a lot more physical things which you don’t really do here”: views on risk, prevention and management of type 2 diabetes among UK Black Caribbeans in the FOODEY study**

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**Background:** Development of effective, culturally-tailored interventions to address excess risk of type 2 diabetes among Black Caribbeans in the United Kingdom (UK) requires understanding of the views and experiences of the target population. We explored the social context of views on risk, prevention and management of type 2 diabetes among this ethnic group.

**Methods:** The Food, Diabetes and Ethnicity (FOODEY) study included 56 Black Caribbean men and women aged 24-90 years (21 (38%) diagnosed with diabetes or pre-diabetes). Nine focus groups were conducted in community hubs in Leeds, Bradford, Birmingham, and Huddersfield, UK. Inductive themes were identified through thematic analysis of transcripts.

**Results:** While family history was considered a key risk factor, there was a clearly articulated view of the interaction between “bad genes” and unfavourable dietary and physical activity (PA) habits. Rich descriptions of food habits and food related negotiations among family and friends included cost and low availability as barriers to maintaining traditional foodways, and high intake of convenience foods. The perception that diabetes risk was greater in the UK than in home countries was widely held, and it was felt that this was due to the lack of PA, cold weather and stress due to racism experienced in the UK. The Caribbean was deemed a suitable setting for consuming traditional foods and high sugar intake as this was mitigated by active living, organic vegetable consumption, and the hot climate. Trust in health professionals’ diabetes advice was evident, however behaviour change was preferred to medication, and the need for choice regarding healthcare decisions was emphasised. Faith beliefs coincided with acceptability of health-related advice and underpinned views on personal responsibility for health.

**Conclusions:** Complex explanatory models of risk, encompassing lifestyle, economic, cultural, religious and psychosocial contexts, have implications for developing interventions to address type 2 diabetes among UK Black Caribbeans.

### **Main messages:**

1. Understanding views on risk, prevention and management is essential for addressing type 2 diabetes inequalities among UK Black Caribbeans.
2. Complex explanatory models involving a range of factors including lifestyle, place, psychosocial stress, religion and healthcare choice have implications for interventions addressing type 2 diabetes among this ethnic group.